

FILED

OCT 24 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

Lilian Guterres (CDC#X06750)
V.S.P.W. P.O. Box 96, AI-FL-4L
CHOWCHILLA, CALIFORNIA 93610

In Pro Per

THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

In re

LILIAN GUTERRES

On Habeas Corpus

NO.: CO7 4966-SBA

REQUEST FOR APPOINTMENT
OF COUNSEL AND DECLARATION
OF INDIGENCY

I, Lilian Guterres, declare I am a Petitioner to the
above-referenced matter, that I am incarcerated at the VALLEY STATE
PRISON FOR WOMEN and that I am indigent and unable to afford counsel.

My total assets are \$0.00 and my income is \$0.00 per month.

I hereby request that counsel be appointed in this matter
so that my interest may be protected by the professional assistance
required. In addition, when a court issues an Order to Show Cause,
counsel must be appointed for an indigent petitioner who requests
counsel. California Rules of Court Rule 4.551(c)(2).

I declare under penalty of perjury that the foregoing is
true and correct and that this declaration was executed on

Date: OCTOBER 15, 2007


Lilian Guterres

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address). LILIAN GUTERRES, CDC# X06750 V.S.P.W. (A1-4L) P.O. Box 92 CHOUCHILLA, CALIFORNIA 93610 TELEPHONE NO.: FAX NO. (Optional)		FOR COURT USE ONLY
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		
NAME OF COURT: THE UNITED STATES DISTRICT COURT STREET ADDRESS: 501 I STREET, SUITE 4-800 MAILING ADDRESS: CITY AND ZIP CODE: SACRAMENTO, CA 95814-2322 BRANCH NAME: NORTHERN DISTRICT OF CALIFORNIA		
PLAINTIFF/ PETITIONER: LILIAN GUTERRES DEFENDANT/ RESPONDENT: SUPERIOR COURT OF CALIF., SAN MATEO COUNTY et al		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER: 07-CV-01899-GEB- 338

CFB

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am *not* able to pay any of the court fees and costs.
 b. ☐ I am able to pay *only* the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
 V.S.P.W. (A1-FL-44) P.O. Box 92, CHOUCHILLA, CALIFORNIA 93610

3. a. My occupation, employer, and employees address are (specify):

b. My spouse's occupation, employer, and employees address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)

5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.

- a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):

____ - ____ - ____ and my date of birth is (specify):

- c. ☐ [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4, if requested by the court.]

[See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☒ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: Oct. 1, 2007

LILIAN GUTERRES

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

Page 1 of 2

Government Code,

§ 68511.3

www.courtinfo.ca.gov

FW-001

PLAINTIFF/PETITIONER: <u>Lilian Gutierrez</u> DEFENDANT/RESPONDENT: <u>Superior Court et al</u>	CASE NUMBER: <u>2:07-cv-0499-GEB-EFB</u>
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FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. *[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]*

9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$
- b. My payroll deductions are (specify purpose and amount):

(1) \$
 (2) \$
 (3) \$
 (4) \$

My TOTAL payroll deduction amount is: \$

- c. My monthly take-home pay is (a. minus b.): \$

- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) \$
 (2) \$
 (3) \$
 (4) \$

The TOTAL amount of other money is: \$
(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$

f. Number of persons living in my home:

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1)	\$
(2)	\$
(3)	\$
(4)	\$
(5)	\$

The TOTAL amount of other money is: \$
(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f): \$

10. I own or have an interest in the following property:

- a. Cash \$
- b. Checking, savings, and credit union accounts (list banks):
- (1) \$
 (2) \$
 (3) \$
 (4) \$

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1)	\$	\$
(2)	\$	\$
(3)	\$	\$

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1)	\$	\$
(2)	\$	\$
(3)	\$	\$

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$

11. My monthly expenses not already listed in item 9b above are the following:

- a. Rent or house payment & maintenance \$
 b. Food and household supplies \$
 c. Utilities and telephone \$
 d. Clothing \$
 e. Laundry and cleaning \$
 f. Medical and dental payments \$
 g. Insurance (life, health, accident, etc.) \$
 h. School, child care \$
 i. Child, spousal support (prior marriage) \$
 j. Transportation and auto expenses (insurance, gas, repair) \$
 k. Installment payments (specify purpose and amount):

(1) \$
 (2) \$
 (3) \$

The TOTAL amount of monthly installment payments is: \$

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$

m. Other expenses (specify):

(1) \$
 (2) \$
 (3) \$
 (4) \$
 (5) \$

The TOTAL amount of other monthly expenses is: \$

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

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